## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-27-10</u>	Address:	200 E. INDIANA ST
Case #:	<u>13F75597</u>		HAMLET, IN
County:	<u>STARKE</u>		<u>4523</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)         (check all that apply)       □ Lithium/Ammonia Reaction(s): BEDROOM         □ Red Phosphorous/Iodine Reaction(s): □         □ Flammable Solvents: BEDROOM         □ Water Reactive Metal (Lithium): □         □ Anhydrous Ammonia: □         □ Ilydrochloric Acid Gas Generator(s): BEDROOM         □ Corrosive Acid: BEDROOM         □ Other (item and location): □			
Child under age 18 discovered (check one)  ☐ Yes 0 (number present) ☐ No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agent		Investigative Information    Ephedrine/Pseudoephedrine Tracking Log   Retail/Merchant Tip   Other:LAW ENFORCEMENT INV.	
	ment: HAMLET FD	Fax: 574-8	
•	partment: STARKE COUNTY	Fax: <u>574-7</u>	772-9137
-	ection Service: STARKE COUNTY	Fax: <u>574-7</u>	<u>772-3837</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TRP</u> , G. REEVES — Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.